

BIRTH NO. 394-51		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 4 1/2 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0113	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 3106 Penn. St.			
3. NAME OF DECEASED (Type or Print) a. (First) MONTE		b. (Middle)		c. (Last) KENNEDY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1951	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 1-28-51	
9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jack Welby Kennedy		13b. MOTHER'S MAIDEN NAME Wendee Verona Salisbury		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Jack Welby Kennedy		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity - atelectasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 36 1/2	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 28, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Hernandez				(Degree or title) MD		23b. ADDRESS Doctors Bldg.	
23c. DATE SIGNED 1-29-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 29-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		24e. DATE REC'D BY LOCAL REG. Feb 2, 1951		24f. REGISTRAR'S SIGNATURE Carl C. Casafio		24g. FUNERAL DIRECTOR'S SIGNATURE Heater Brown	
24h. ADDRESS St. Joseph, Mo.							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.